



10075763.1221013

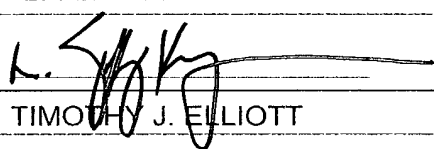
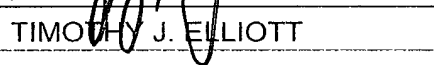
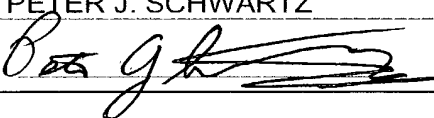
K35A0882

PTO/SB/01A (10-01)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	SYSTEM AND METHOD FOR SELECTING A PAY PER VIEW PROGRAM TO BE TRANSMITTED TO A PROGRAM RECEIVER
As the below named inventor(s), I/we declare that:	
This declaration is directed to:	
<input type="checkbox"/> The attached application, or	
<input checked="" type="checkbox"/> Application No. 10/035,763, filed on 12/21/01,	
<input type="checkbox"/> as amended on _____ (if applicable);	
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;	
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;	
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.	
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.	

FULL NAME OF INVENTOR(S)	
Inventor one:	L. JEFFREY KAPNER III
Signature:	 Citizen of: United States
Inventor two:	TIMOTHY J. ELLIOTT
Signature:	 Citizen of: United States
Inventor three:	PETER J. SCHWARTZ
Signature:	 Citizen of: United States
Inventor four:	
Signature:	
Citizen of:	

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.



10035763-122101

K35A0882

PTO/SB/01A (10-01)

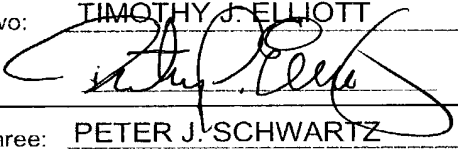
Approved for use through 10/31/2002 OMB 0651-0032

U S Patent and Trademark Office, U S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Project 95-135, no persons are required to respond to a collection of information unless it displays a valid OMB control number

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	SYSTEM AND METHOD FOR SELECTING A PAY PER VIEW PROGRAM TO BE TRANSMITTED TO A PROGRAM RECEIVER
As the below named inventor(s), I/we declare that: This declaration is directed to: <input type="checkbox"/> The attached application, or <input checked="" type="checkbox"/> Application No. 10/035,763, filed on 12/21/01, <input type="checkbox"/> as amended on _____ (if applicable); I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought; I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above; I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application. All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.	

FULL NAME OF INVENTOR(S)	
Inventor one:	L. JEFFREY KAPNER III
Signature: _____	Citizen of: United States
Inventor two:	TIMOTHY J. ELLIOTT
Signature: 	Citizen of: United States
Inventor three:	PETER J. SCHWARTZ
Signature: _____	Citizen of: United States
Inventor four:	_____
Signature: _____	Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



1005763 122101

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/035,763
Filing Date	12/21/01
First Named Inventor	L. JEFFREY KAPNER III
Group Art Unit	2611
Examiner Name	UNKNOWN
Attorney Docket Number	K35A0882

I hereby appoint:

☐ Practitioners at Customer Number
OR

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Won Tae C. Kim, Esq.	40,457
Milad G. Shara, Esq.	39,367
Marlene Klein, Esq.	43,718

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name L. JEFFREY KAPNER III

Signature

Date

3-12-02

NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231



1005763 122101

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)
Approved for use through 10/31/2002 OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/035,763
Filing Date	12/21/01
First Named Inventor	L. JEFFREY KAPNER III
Group Art Unit	2611
Examiner Name	UNKNOWN
Attorney Docket Number	K35A0882

I hereby appoint:

☐ Practitioners at Customer Number **OR**

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Won Tae C. Kim, Esq.	40,457
Milad G. Shara, Esq.	39,367
Marlene Klein, Esq.	43,718

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

TIMOTHY J. ELLIOTT

Signature

Date

3/14/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231



10105763 122103

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/035,763
Filing Date	12/21/01
First Named Inventor	L. JEFFREY KAPNER III
Group Art Unit	2611
Examiner Name	UNKNOWN
Attorney Docket Number	K35A0882

I hereby appoint:

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Won Tae C. Kim, Esq.	40,457
Milad G. Shara, Esq.	39,367
Marlene Klein, Esq.	43,718

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

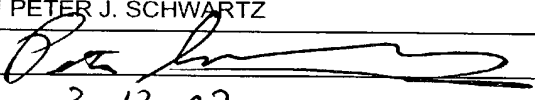
Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	PETER J. SCHWARTZ
Signature	
Date	3-12-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.